

Guidelines for Determining Alternate Assessment Participation (to be used by IEP teams in decision making) (Optional)

Student Name: _____

Student has characteristics of a severe disability including:

Significant deficits in language and communication	YES	NO
Significant deficits in adaptive behaviors	YES	NO
Significant deficits in generalization and/or demonstration of skills across environments	YES	NO
Need for very intensive, highly specialized instruction	YES	NO

(All statements should be circled "YES" in order for the alternate assessment to be considered the appropriate assessment format. If any characteristic is circled "NO," alternate assessment may not be appropriate for this student.)

The instructional program which reflects the student's progress in the general curriculum:

Allows for modified performance levels through the use of alternate achievement standards and/or reduced complexity.	YES	NO
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(This statement should be circled "YES" in order for the alternate assessment to be considered the appropriate assessment format. If this statement is circled "NO," alternate assessment may not be appropriate for this student.)

The student is:

Generally unable, even with accommodations, to demonstrate knowledge and skills on the district-wide assessment used for the majority of students.	YES	NO
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(This statement should be circled "YES" in order for the alternate assessment to be considered the appropriate assessment format. If this statement is circled "NO," alternate assessment may not be appropriate for this student.)

The participation decision is based primarily on:

Poor attendance	YES	NO	Categorical disability level	YES	NO
English language learner status	YES	NO	Social/cultural/economic differences	YES	NO
Disruptive behavior	YES	NO	Level/label/cutscore	YES	NO
Reading level	YES	NO	Location of service delivery	YES	NO
Expectation of poor performance	YES	NO	Time receiving special education services	YES	NO
Low Achievement	YES	NO			

(All statements should be circled "NO" in order for the alternate assessment to be considered the appropriate assessment format. If any characteristic is circled "YES," alternate assessment may not be appropriate for this student.)

IEP Team Member Signature	Title	Date

